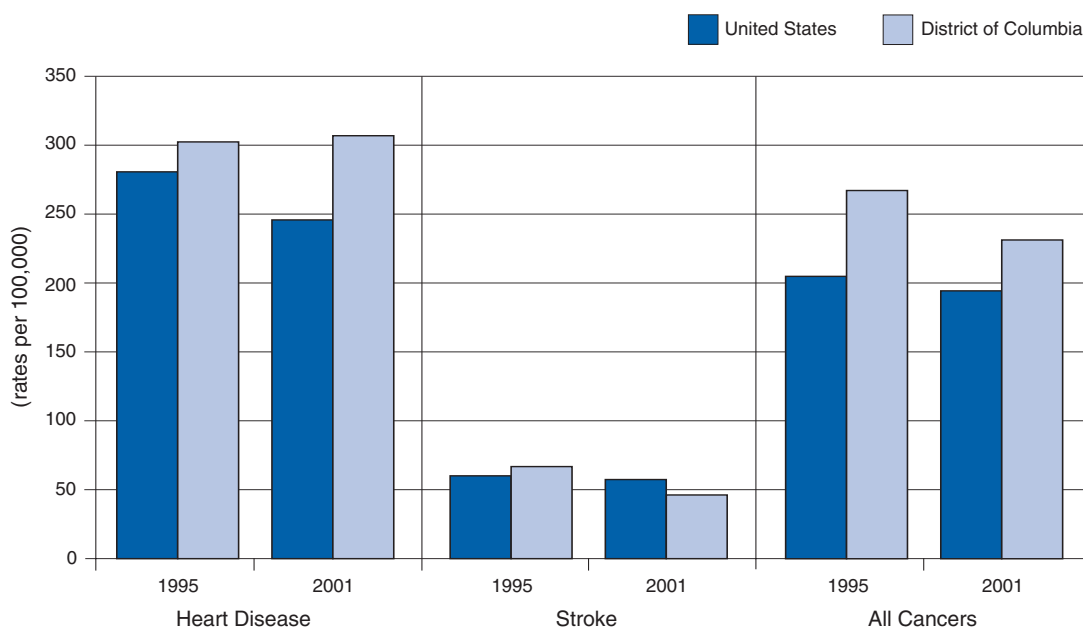


Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and District of Columbia, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

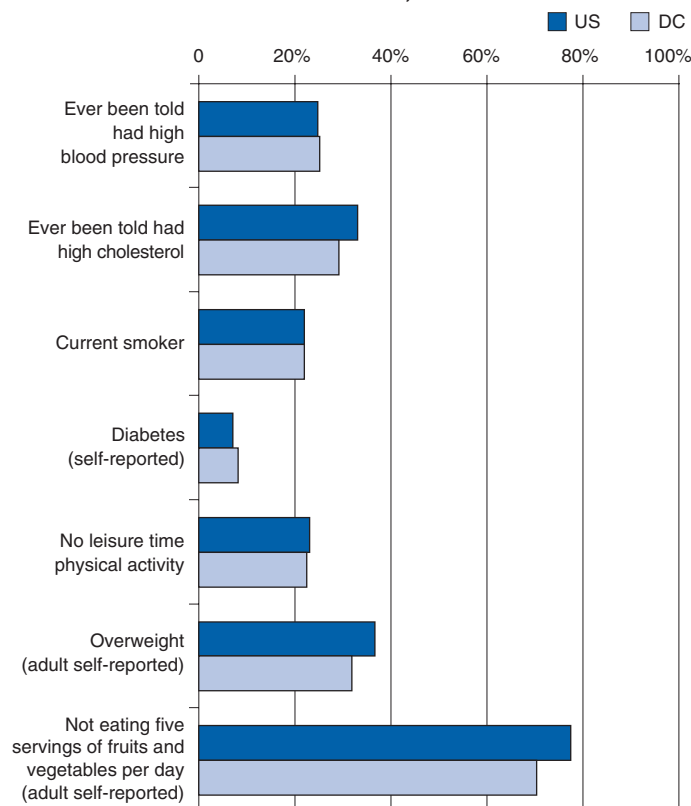
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in the District of Columbia, accounting for 1,761 deaths or approximately 30% of the District's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 265 deaths or approximately 4% of the District's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 1,180 are expected in the District of Columbia. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 2,860 new cases that are likely to be diagnosed in District of Columbia.

Estimated Cancer Deaths, 2004

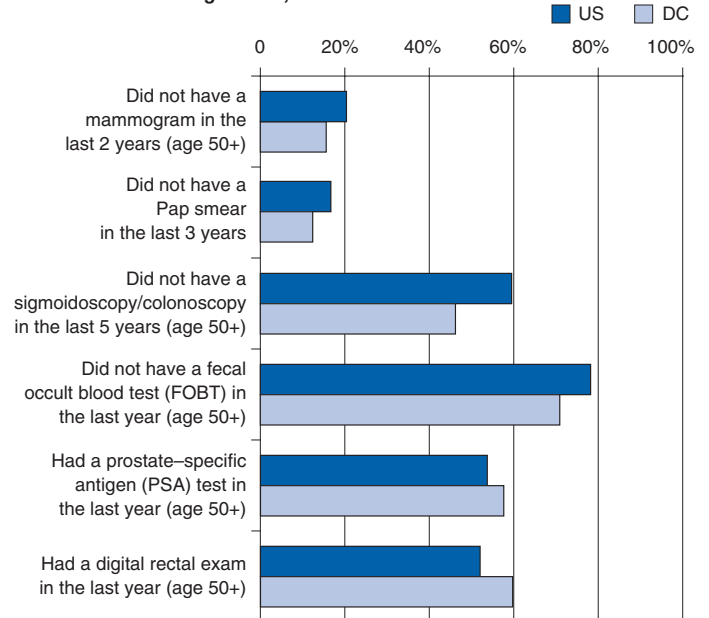
Cause of death	US	DC
All Cancers	563,700	1,180
Breast (female)	40,110	110
Colorectal	56,730	130
Lung and Bronchus	160,440	280
Prostate	29,900	80

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

District of Columbia's Chronic Disease Program Accomplishments

Examples of the District of Columbia's Prevention Successes

- Statistically significant decreases in cancer deaths among African American men (425.9 per 100,000 in 1990 versus 378.7 per 100,000 in 2000).
- A 7.7% decrease in the number of women in DC older than age 50 who reported not having had a mammogram in the last 2 years, from 23.3% in 1992 to 15.6% in 2002.
- Lower prevalence rates than the corresponding national rates for self-reported overweight (31.9% in the District of Columbia versus 36.7% nationally) and for women older than age 18 who reported not having had a Pap smear in the last 3 years (12.4% in the District of Columbia versus 16.7% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to the District of Columbia in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for District of Columbia, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) <i>DC BRFSS</i>	\$208,587
National Program of Cancer Registries <i>DC Cancer Registry</i>	\$300,000
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program <i>DC Cardiovascular Health Program</i>	\$300,000
Diabetes Control Program <i>DC Diabetes Prevention and Control Program</i>	\$400,000
National Breast and Cervical Cancer Early Detection Program <i>Breast and Cervical Cancer Early Detection Program</i>	\$1,107,356
National Comprehensive Cancer Control Program <i>Comprehensive Cancer Control Program</i>	\$95,061
WISEWOMAN	\$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program <i>DC Tobacco Prevention and Control Program</i>	\$354,774
State Nutrition and Physical Activity/Obesity Prevention Program	\$0
Racial and Ethnic Approaches to Community Health (REACH 2010) <i>National Black Women's Health Project</i>	\$936,535
Total	\$3,702,313

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in District of Columbia that fall into other health areas. A listing of these programs can be found at <http://www.cdc.gov/nccdphp/states/index.htm>.

Opportunities for Success

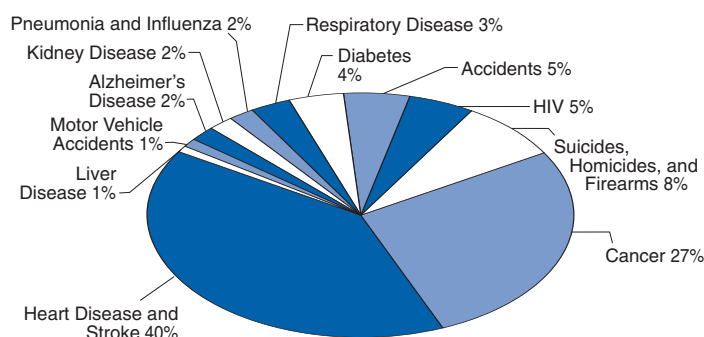
Chronic Disease Highlight: Heart Disease and Stroke

Heart disease and stroke pose serious public health concerns for residents of the District of Columbia. In 2001, total heart disease and stroke death rates were above the national rates for these diseases. Mortality data from the CDC indicate that in 2001 the District of Columbia had the 2nd highest heart disease death rate in the nation (308.5 per 100,000 in D.C. versus 246.8 per 100,000 nationally), but was among the lowest in the nation for stroke deaths (46.4 per 100,000 versus 57.7 nationally). Heart disease remains the leading cause of death in the District of Columbia, particularly for African Americans. The graph below illustrates the major causes of death in the District of Columbia.

Data from the CDC indicate that a disproportionate number of heart disease deaths occur among African Americans, a trend that is consistent with national trends. CDC data indicate that from 1996 to 2000, the District's African American residents had an age-adjusted death rate for total cardiovascular diseases of 625 per 100,000, compared with 395 per 100,000 for their white counterparts.

The District of Columbia has taken steps to increase awareness among residents of the importance of healthy lifestyle choices and has set several objectives to reduce heart disease and stroke. The District's *Healthy People 2010* plan emphasizes reducing the prevalence of preventable behaviors such as promoting healthy eating habits and exercise, controlling blood pressure and blood cholesterol, and reducing tobacco use.

Major Causes of Death in the District of Columbia, 2001



Adapted from *The District of Columbia Healthy People 2010 Plan: A Strategy for Better Health* (September 2000)

Disparities in Health

African Americans, who comprise approximately 12% of the U.S. population—about 35 million people—experience health disparities in significant proportions. Even with a strong focus by the District of Columbia health department on preventing racial and ethnic health disparities in the District of Columbia, 2003 data from the Behavioral Risk Factor Surveillance System show that the city is still experiencing health disparities, especially between African Americans and whites. In the District of Columbia, when compared with other groups, African Americans are more likely to report physical inactivity, poor nutrition, high blood pressure, and smoking—all of which are risk factors for developing chronic diseases such as cardiovascular disease, cancer, and diabetes.

In 2003, only 26.4% of the District's African Americans consumed 5 or more servings of fruits and vegetables per day, compared with 35.7% of whites. In addition, African Americans in the District were more likely to report not meeting the recommended guidelines for moderate physical activity (57.5% of African Americans, versus 33.4% of whites). The percentage of African Americans who have been told that they had high blood pressure is more than double that of their white counterparts (33.5% versus 15.0%).

Smoking is also more prevalent among African Americans than among whites in the District of Columbia. In 2003, 19.0% of African Americans smoked daily, in comparison with 7.3% of whites. This disparity in smoking rates is associated with the disparities in cancer death rates—in the District of Columbia in 2000, the cancer death rate was higher among African Americans (378.7 for men and 216.4 for women per 100,000) than among whites (202.9 for men and 136.9 for women per 100,000).

Other Disparities

- **Heart Disease:** In the District of Columbia, heart disease death rates from 1996 to 2000 were higher for African Americans (625 per 100,000) than for whites (395 per 100,000) and Hispanics (102 per 100,000).
- **Stroke:** From 1991 to 1998, the death rate for stroke was higher for the District of Columbia's African Americans than for whites (132 per 100,000 versus 93 per 100,000).
- **Lung Cancer:** In the District of Columbia in 2000, the lung cancer death rate was more than twice as high for African Americans men in the District of Columbia (94.2 per 100,000) than for white men (37.8 per 100,000 for whites).

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For more information, additional copies of this document, or copies of publications referenced in this document, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-42, 4770 Buford Highway NE, Atlanta, GA 30341-3717 | Phone: (770) 488-5706 | Fax: (770) 488-5962
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